

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Attorney Docket No.	2070/5
Application Number	10/809,988
Filing Date	MARCH 26, 2004
First Named Inventor	THOMAS J. CLOVER
Group Art Unit	3634
Examiner	NOVOSAD, JENNIFER ELEANORE

ENCLOSURES (check all that apply)

<input type="checkbox"/> Amendment/Response to Restriction/Election Req. <div style="margin-left: 20px;"><input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)</div> <input type="checkbox"/> Status Letter <input type="checkbox"/> Extension of Time Request (duplic) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement, PTO-1449, art <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawings: <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Change of Correspondence Copy <input checked="" type="checkbox"/> Part B – Issue Fee Transmittal <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Post Card Receipt <input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input checked="" type="checkbox"/>		<input type="checkbox"/>
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The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-1713. A duplicate copy of this sheet is enclosed.		
I hereby petition under 37 CFR § 1.136(a) for any extension of time required to ensure that this paper is timely filed. Please charge any associated fees which have not otherwise been paid to Deposit Account No. 50-1713. A duplicate copy of this sheet is enclosed.		

CALCULATION OF FEE

	Claims After Amendment		Highest No. Previously Paid For	Present Extra	Small Entity		Large Entity	
					Rate	Add'l Fee	Rate	Add'l Fee
Total		Minus			x \$25=	0	x \$50=	
Indep.		Minus			x \$100=	0	x \$200=	
					+ \$180=	---	+ \$360=	
First Presentation of Multiple Dep. Claim					total add'l fee	\$ 0	total add'l fee	\$ 0

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	FRANK C. NICHOLAS Registration No. 33,983 Cardinal Law Group 1603 Orrington Avenue, Suite 2000 Evanston, IL 60201		
Signature	/FRANK C. NICHOLAS/		Date: <u>SEPTEMBER 5, 2006</u>

CERTIFICATE OF ELECTRONIC SUBMISSION

I hereby certify that this correspondence is being transmitted electronically to the U.S. Patent Trade Mark Office on this date:

SEPTEMBER 5, 2006

Signature	/FRANK C. NICHOLAS/ FRANK C. NICHOLAS (33,983)	Date: <u>SEPTEMBER 5, 2006</u>
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